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## **International Health Regulations (2005): criteria for additional extensions**

### **Introduction**

1. The International Health Regulations (2005) (IHR) are an international agreement legally binding on 194 State Parties, including all WHO Member States. They entered into force on 15 June 2007. States Parties are obligated by the Regulations to develop, strengthen and maintain national minimum core public health capacities. The national core capacities are described in functional terms in Annex 1 of the Regulations and include surveillance and response capacities to public health events including capacities at designated points of entry. The Secretariat has further described the technical content of these core capacities under the following headings: national legislation, policy and financing, coordination and national IHR focal points communication, surveillance, response, preparedness, risk communication, human resources, laboratory and points of entry.<sup>1</sup>

2. The Regulations are intended to rapidly identify and stop the emergence and spread of public health risks including emergency events. These risks are not restricted to communicable diseases with epidemic and pandemic potential but apply across all relevant hazards of zoonotic, food safety, chemical or radiological nature.

### **Summary of regional progress**

3. The Regulations set out a time frame within which States Parties are to develop, strengthen and maintain national core capacities. According to the provisions of Articles 5 and 13 and Annex 1 of the Regulations, State Parties should have assessed their core capacities for surveillance and response, including at designated points of entry, by 15 June 2009. In addition, they should have developed a national IHR action plan for attaining core capacities by 15 June 2012 and institutionalized the mechanisms to maintain them after that date. National plans of action have been developed by all State Parties in the Eastern Mediterranean Region except Somalia. Only the Islamic Republic of Iran has implemented its plan of action for meeting the IHR obligations by the target date of 12 June 2012. The other 20 State Parties obtained a two-year extension for implementing the capacities by June 2014, except Somalia as it has not submitted a request for extension.

4. Data collected through the self-assessment 2012 IHR monitoring tool with a 95% response rate in the Region showed an average score across the capacities of 66%. State Parties in the Region reported an average score of more than 75% for the attributes relating to legislation, laws, regulations, administrative requirements, policies or other government instruments; national IHR focal point functions and operations; indicator-based surveillance includes an early warning function for the early detection of a public health event; public health emergency response mechanisms; infection prevention and control; laboratory services for testing for priority health threats; and mechanisms for detecting and responding to zoonoses and potential zoonoses events. However, an average score of less than 50% was observed across the Region for the attributes relating to mapping out of priority

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<sup>1</sup> *IHR core capacity monitoring framework: checklist and indicators for monitoring progress in the development of IHR core capacities in States Parties.* Geneva, World Health Organization, April 2013. Available at: [http://www.who.int/iris/bitstream/10665/84933/1/WHO\\_HSE\\_GCR\\_2013.2\\_eng.pdf](http://www.who.int/iris/bitstream/10665/84933/1/WHO_HSE_GCR_2013.2_eng.pdf)

public health risks and resources; effective response at points of entry; and mechanisms for the detection, alert and response to chemical emergencies.

5. The WHO Regional Office for the Eastern Mediterranean organized a meeting of IHR stakeholders in November 2012 with the participation of representatives from different ministries and sectors from 21 countries of the Region and from technical institutions and donors. The meeting recommended a number of key actions in order to scale up IHR implementation in the Region: development of the necessary legislation; enhancement of multisectoral cooperation and coordination; empowering the national IHR focal points; strengthening core capacities at points of entry, as well as core capacities to handle chemical and radionuclear hazards; development of event-based surveillance systems; developing and implementing national risk communication policies; strengthening laboratory biorisk management capacity; and development the capacity of human resources for all core capacities.

6. The Regional Office is supporting countries to implement the recommendations through providing technical advice and conducting regional and subregional meetings and training workshops to strengthen national capacities, particularly in the areas of: coordination among the different IHR stakeholders at national level; field epidemiology; laboratory quality management systems; national influenza centres; surveillance and response at points of entry; and ship inspection and issuance of ship sanitation certificates. In-country missions and review exercises were carried out for Egypt, Islamic Republic of Iran, Jordan, Morocco, Oman, Pakistan, South Sudan, Sudan, United Arab Emirates and Yemen.

7. The Regional Office is collaborating with the other WHO regional offices, particularly the Regional Office for Europe, to support neighbouring countries from different regions to build their capacity requirements at joint points of entry.

8. The Regional Office continues to strengthen its collaboration with international organizations and agencies to scale up the implementation of the Regulations. This includes collaboration with the International Civil Aviation Organization in carrying out joint assessments of international airports in countries of the Region. Joint work with WHO collaborating centres includes: strengthening surveillance and response capacities, with the Centers for Disease Control and Prevention, Atlanta; strengthening laboratory diagnostic capacity for emerging diseases, with the Naval Medical Research Unit No. 3; strengthening regional laboratory diagnostic capacity for influenza, with Public Health England; and supporting research on medicine for mass gatherings, with the Ministry of Health of Saudi Arabia. The Regional Office is also working closely with the Eastern Mediterranean Public Health Network to build the capacity of human resources in the Region.

### **Planned process for granting second round of extensions**

9. In May 2012, the 65th World Health Assembly in resolution WHA65.23 requested the Director-General to develop and publish criteria to be used by the Director-General in making the decision to grant further extension. To this end, the Secretariat proposed criteria to the 132nd Executive Board in January 2013. A proposal was made to further consult State Parties at the upcoming 2013 Regional Committees in order to develop final criteria for proposal to 134th Executive Board and application in 2014. This would ensure adequate opportunity for WHO Member States to contribute to the decision of the criteria to be used as requested at the 132nd Executive Board, promote understanding among countries of the objectives and process of extensions, and encourage maximum engagement in the extension process.

10. A Review Committee is mandated by IHR in Articles 5 and 13 to provide advice on the granting of a second period of extension to the capacity development deadline. Meetings of the IHR Review Committee will be convened between February and May to advise the WHO Director-General on granting of extensions. A report containing an update on extension requests received from Member

States and granted will be prepared for the 67th World Health Assembly in May 2014. This will be followed by further meetings of the IHR Review Committee to advise on extension requests received and future requests.

11. The Secretariat is not mandated to decide whether a country has developed, strengthened or maintained its national core capacities, and the decision on whether to seek an extension or not remains with Member States. Therefore, the Secretariat will provide Member States with guidance on considerations in making the decision to seek an extension. The guidance aims at facilitating the process for Member States in their determination of fulfillment of the IHR core capacity requirements related to the 2014 deadline. It includes proposing relevant steps in deciding if core capacity requirements are met or maintained, and if extension is needed; the identification of exceptional circumstances that have prevented the development and maintenance of national IHR capacities; and drafting of a new implementation plan that includes relevant elements as required in the criteria for extension.

### **Criteria proposed by Secretariat**

12. Based on the requirements stated in the Regulations, the first criterion proposed by the Secretariat is that a State Party makes a formal request in writing to the Director-General at least four months in advance of the target date of 15 June 2014. This request must include a statement explaining the exceptional circumstances that have prevented the development and maintenance of the IHR capacities.

13. Secondly any such request must be accompanied by a new implementation plan that includes the following elements:

- a clear and specific identification of those capacity elements that are missing or inadequate;
- a description of the activities and progress made in establishing those capacities up until that date;
- a set of proposed actions that will be undertaken and a specified time frame to ensure the capacities are present; and
- an estimation of the technical support and financial resources required to implement these activities; the proportion of these resources that will be invested from national budgets; and the extent of any external support required.

### **Role of the IHR Review Committee**

14. The advice of an IHR Review Committee on the granting of a second period of extension to the capacity development deadline is mandated by IHR in Articles 5.2 and 13.2. The objectives of the IHR Review Committee will be to provide clear and practical advice to the Director-General on the granting of further periods of extension to the capacity deadline including on the process of application of the criteria published by the Organization.

15. The Review Committee will provide a report to the 67th World Health Assembly in 2014 on progress achieved and a final report to the 68th World Health Assembly in 2015, when future efforts to ensure the global maintenance of the required capacities may be debated.

16. Other potential tasks for the IHR Review Committee are to review their terms of reference and methods of work; review the criteria for extensions decided by the Director-General and endorsed by the 134th Executive Board; advise on how the criteria should be operationalized by States Parties and by the Secretariat; review each State Party request for extension and make recommendations on either the granting of an extension or the necessary actions that need to be documented in order for such an extension to be granted; provide advice on how to manage “silent” Member States who have not reported on the status of their core capacity development and whether they need an extension or not;

and provide advice on the future of national core capacity maintenance including how to handle late requests and the period after 2016.

**Action by the Regional Committee**

17. Member States are invited to provide comments and feedback to the proposed extension process and in particular to the criteria for extension proposed by the Secretariat.